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ARTICLE I.—*On the Pathology of Spontaneous Hæmorrhage.* An Essay read before the Chicago Medical Society, February, 1852, by A. B. PALMER, M.D.

[CONCLUDED.]

III. IN the 3d place we are to notice the deviation from the natural standard of the *forces with which the blood is impelled* as a cause of hæmorrhage.

This deviation of the impulsive force may exist in the heart and the general circulation,—or it may be limited to the localities from which the hæmorrhage occurs.

Among the conditions of the general circulation predisposing to hæmorrhage, are hypertrophy of the heart—particularly of the left side,—disease of the valves, or any cause which shall obstruct the blood through the right side of the organ,—increased action of the heart from the too stimulating qualities of the blood, as is the case in a superabundance of the red globules,—or increased action of the general circulatory system from stimulating drinks—from abundance of stimulating food—from active exercise—febrile excitement—mental emotions—nervous irritability, or whatever other cause which produces that effect.

It is particularly worthy of remark that in many cases of hæmorrhage, or where hæmorrhage is threatened, there is a peculiar irritability of the whole circulatory system, giving a peculiar jerking thrill to the pulse. This condition seems to consist in an un-

usual abruptness of the heart's contractions, combined with irregularities in the tonicity of the arteries in different parts, which cause them to react in successive jerks at each pulsation, instead of simultaneously and uniformly.

This condition of things may be considered as a dividing link between the general disturbances of the circulating force and those deviations of a local character.

These local deviations of the circulating force are produced by a variety of causes, among which are *mechanical means*—as, for instance, position; the law of gravitation modifying the ordinary circulating force. Examples of this are found in epistaxis and apoplexy from stooping, uterine hæmorrhages from rising, &c.

Lifting and straining affect the circulatory force in particular localities, partly by increasing the general action of the heart and arteries, and partly by retarding by muscular pressure the return of blood from those localities through the veins.

Variations of temperature vary the circulation; as cold applied to some parts while others are at a higher temperature.

Local irritants vary the circulation in the parts to which they are applied, disposing to hæmorrhage.

But a more frequent cause of hæmorrhage arising from deviations in the circulating force of a local character, exists in what is called "determinations of blood," or *local hyperæmia*.

Increased quantity of blood in a part is produced by the causes just enumerated; but this we are now considering exists independently of any of these more obvious causes.

This condition essentially consists in a spontaneous enlargement of the arteries of a part, produced by some vital alteration of their tonicity, the blood being propelled into them by the *vis a tergo*. At least this is the explanation confidently set forth by some of our most philosophical writers. But the inquiry may with propriety be made, whether in these cases there is not a decidedly increased active expansive and contractile force in the vessels of the part, or some change in the vital affinities of the blood, the vessels, the nerves and other tissues, of a more positive character, and not to be accounted for upon the simple notion of passive dilatation of the smaller vessels. Although these points are all involved in obscurity, many of the remote excitants of these "deter-

minations"—though we shall not now refer to them—are better understood.

Hæmorrhages from this cause are usually preceded by increased heat, redness and throbbing in the part—indeed, by many of the phenomena which precede an attack of inflammation.

The manner in which increased circulatory force, whether general or local, operates in inducing hæmorrhage, is too obvious to require illustration or remark.

We have now considered as fully as present time will justify, the different pathological elements which dispose to, or produce, spontaneous hæmorrhage. As already intimated, in most of the cases of actual hæmorrhage which occur, several of the elements we have enumerated combine to produce the result, and to some of these combinations, as they exist in particular forms of the disease, we will briefly allude.

In ordinary cases of true hæmorrhagic apoplexy in sanguineous persons, the disease is produced by the combined influence of an abnormal condition of the blood and of the propelling force. The blood is too great in quantity and has more red corpuscles and less fibrin than in health, and the manner in which these conditions tend to produce hæmorrhage has already been explained. But perhaps the disease depends still more upon a morbid condition of the propelling forces. There is a general increase of the circulatory powers produced by the stimulating qualities of the blood exciting the heart and arteries; this effect, increased, of course, by any transient cause of excitement of the general system—and the results of these causes are still further increased by the determination of blood to the part,—from the various causes acting on the nervous system, or on mechanical principles.

In the cases here referred to, of course rupture of the vessels occurs as the immediate cause of the extravasation of blood. It will be observed in these, as in many other cases, there is a chain—a succession of causes and consequences extending from the remotest cause to the final result.

In scurvy, the condition of the blood has probably less to do in producing hæmorrhage, where that occurs, than is generally supposed. Having referred already to this disease in illustrating another point, we may here simply remark that fibrin is abundant.

and the blood coagulates readily, and the red corpuscles are slightly deficient; but, as before stated, there may be some abnormal condition of the blood—a change in the *qualities* of some of its constituents, though not in their proportions, favoring hæmorrhage, which is not, in the present state of our knowledge, quite appreciable. However, there can be little doubt that the chief difficulty in this disease is in the solids—in the tissues of the blood vessels, which are less firm and consistent. By a loss of tonicity the capillaries are distended, and the ordinary force of the circulation presses the blood through, rupturing the brittle vessels even where no ulcerative process exists.

In ordinary cases of acute purpura hæmorrhagica, to which reference has also been made, the proportion of fibrin and corpuscles to each other and to the rest of the blood is nearly natural; and the coagulability of the fibrin is not materially impaired. But here it is probable that changes occur in the quality of these ingredients, the precise character of which is not ascertained. It is supposed by some, and not without much plausibility, that in the case of purpura, and in some other instances of hæmorrhagic diseases, morbid and foreign materials exist in the blood, modifying the condition of its natural elements; and this view in regard to purpura hæmorrhagica—bile being regarded as that element—is strengthened by facts which have long been observed, and are clearly ascertained. It is known as the result of direct experiment out of the body, that bile exerts a solvent influence upon blood-corpuscles. That it produces a similar effect within the body is inferred from the fact that in fatal cases of jaundice connected with structural disease of the liver, large spots of ecchymosis have frequently been observed upon the surface, apparently the result of the effusion into the tissue of dissolved hæmatine. It is further known that in purpura the action of the liver is generally decidedly diminished, and the disease is most speedily relieved by addressing remedies to that condition of the organ. This train of facts seems to indicate that in purpura, although the elements of the blood are in their normal proportions, one of them—the blood corpuscles—is changed, more or less of it dissolved by the bile—facilitating its passage out of the vessels and its effusion into the tissues; but still, here, as in the case of scurvy, in the absence of positive knowledge

we must attribute the fault, in a very large degree at least, to the minute blood vessels which, either from structural change, become less tenacious, or from a deficiency of vital tonicities, yield to the force with which the blood is propelled and discharge their contents from a solution of their continuity.

In petechial fevers, hæmorrhagic small pox, and other hæmorrhagic exanthemata, the blood, though abounding in red particles (somewhat changed, however), is deficient in fibrin; and this condition of the fluid combined with a similar defect in the texture of the vessels as in the cases before mentioned, and these conditions still further combined with a disturbed state of the general and local circulation, produce the symptom.

In hæmorrhages occurring in cases of general mal-nutrition, cachectic and depraved conditions of the system, the blood, the tissues and the circulating forces, all are more or less in fault,—varying in their proportions in each particular case.

In pathology, as in many other things, “extremes often meet,” i. e., opposite conditions produce similar effects, and this principle is illustrated in the fact that an extreme impoverishment and deficiency of the blood produces an analogous effect—excites the heart and arteries in a similar manner as an over-richness and superabundance of that fluid does. I do not intend to say that the effects of anæmia and spanæmia upon the circulating forces are identical with those of hyperæmia; but in both instances an increased action is likely to be produced, tending to hæmorrhage. In a given action and power of the circulating force, with a given bulk of blood in the system, a spanæmic, or thin and impoverished state of the fluid, must be much more favorable to the production of hæmorrhage, than the opposite condition, and we find that some of the most profuse and alarming hæmorrhages occur under these circumstances.

In the spontaneous hæmorrhages which occur in persons suffering from the poison of the rattle-snake, it is highly probable that a changed condition of the blood is a principal cause. Observations have shown that many of the blood disks are broken down and the hæmatin is held in solution; but still the tissue of the vessels is doubtless also impaired.

Upon the subject of the essential pathology of what is called

"the hæmorrhagic diathesis," or that constitutional peculiarity of some persons to bleed profusely from the slightest wound, though in other respects in health, I have sought in vain for light. I have found no record of any microscopical or chemical examination of the blood in these subjects, or of any minute examination of the condition of the vessels. If such investigations have been made and recorded they have not fallen under my observation, and I have taken some pains to search.

We do not learn from the histories of these cases, as contained in the books and scattered through numerous journals, that hæmorrhage is particularly likely to occur of a strictly spontaneous character, or unless a wound is made. From this circumstance, and the otherwise good health of those persons, we would rather be led to the conclusion that the blood could not be seriously in fault, and that the *texture* of the vessels could not be specially defective, but rather that they were abnormal in their *action*—not possessed of that usual contractility by which quality nature principally operates in arresting the flow of blood from divided vessels. These curious cases possess no small amount of interest, and will doubtless ere long be submitted to that careful and rigid scrutiny which every subject connected with our profession is, with the advancement of science, destined to undergo.

In the different varieties of uterine hæmorrhage, including menstruation, the cause exists rather in the circulating forces and in the physical condition of the vessels than in the blood. Any existing abnormal condition of the blood may of course contribute to the result; but in a large majority of cases no such condition exists. There is usually either a lesion of the vessels as a primary condition, or such a state of the local circulating forces as to produce such lesion as a secondary consequence, which in turn becomes the immediate *cause* of the flow.

Other particular forms of hæmorrhage might be referred to, and the special pathology of each more elaborately considered; but observations respecting these varieties have been sufficiently extended to illustrate the views taken; and the applicability of our system to all cases will readily be seen.

In looking over the list of particular forms of hæmorrhage it will be found that those from the mucous membrane are by far the

most numerous, and most frequently occurring. The greater susceptibility of this membrane to pour out blood, over the other surfaces of the body, arises from its peculiar structure, viz.: its greater vascularity, the delicacy of its epithelial covering, the loose manner in which it is connected with the parts underneath it, and the pores which permit the passage of mucus are doubtless larger than those which permits the passage of the thinner fluids, as serum and perspirable matters.

A full discussion of the characters of hæmorrhage would lead to a consideration of its classifications into active and passive, critical, periodical, vicarious, &c., but this paper does not claim to be a complete treatise; and besides the essential pathology of all these varieties is, in a general way, embraced under the different heads into which we have already divided the subject. The books treating upon the pathology of hæmorrhage, to which I have had access, are confused and vague, and, at least to my mind, quite unsatisfactory; and if the foregoing views shall serve as hints to more precise, definite and rational notions; or lead to a more philosophical mode of conducting investigations upon the subject, a far greater object than was anticipated when the task was undertaken, will have been accomplished.

ART. II.—*Cases Illustrative of the Effects of an Impaired Condition of the Blood upon the general System.* By U. P. GOLLIDAY, M.D., of Lacon Ill.

IN the May No. of the *Journal* an abstract of the case of Captain Cline was published, which, as I then remarked, was peculiarly interesting from its obscurity, and the very unusual malformation revealed by the autopsy.

I now refer to it again, as illustrative of the effects upon the general system, of an impaired or impoverished condition of the blood.

It will be remembered there was but one kidney, and it was enormously enlarged. This enlargement was not natural, but was a hypertrophied condition of the organ, caused by the absence of the other, it having to perform the functions of both. In time, from being overtasked, it would be incapable of properly eliminating effete matter from the blood, and urea and other excretable

matters would remain, and become sources of irritation, more or less impairing the functions of other organs. In this way the liver would become involved, and the mischief would go on with an increasing development, causing local inflammations, resulting in loss of life. His case is additional evidence of the enduring capabilities of nature, for the wonder is, that the integrity of the organism could have been maintained so long a time (39 years,) without any great disturbance of the system; but when it began to take place, the powers of life were directly overwhelmed.

I now proceed to report another fatal case, arising from an almost opposite cause. In Captain C.'s case the excreting functions were defective, and the blood was impaired from the presence of effete matters which should have been thrown off. In the case under consideration, the assimilative organs were probably first in fault, and the blood was impaired from want of those healthy constituents necessary to give it a life-sustaining force. In both cases the results were local inflammations under which life gave way. In the first, unsuspected as it regards the particular organ implicated; in the other, known and understood; in both, obscure as to the extent of the mischief.

Saturday, 10 P. M., March 20, 1852. Called to Mr. John G——, æt. about 55, dark hair and eyes; temperament mixed, bilious predominant. Of a robust, athletic frame, not inclined to corpulency. Occupation, farmer.

He had no pain, seemed easy, and at that time without fever; pulse low and feeble, at times variable, at about 100 to 110. Respiration rather hurried and laborious; a slight cough, so seldom in fact as scarcely to be noticed, and without expectoration. Percussion showed some dullness in the infra-mammary and infra-axillary regions of right side. Respiratory murmur natural, and distinctly audible except in regions above noted.

Whilst raising a barn on the 16th (Tuesday preceding,) a small beam had fallen, striking him on the right postero-lateral surface of the chest, when in a stooping position, not very severe, but enough to throw him to the ground. On the next day (Wed. 17,) he had a chill followed by considerable fever, and had been more or less feverish every day until I was called. He had no pain except under firm pressure, or when taking a very full breath, and

then only in the injured side. Had no appetite, and when urged by the family to take food, usually declined, saying he would get up directly and then would; yet he kept his bed from the time of the chill until Saturday evening, when he arose, but soon fainted.

I may here remark, that for some one or two years preceding, he had not had good health; frequent loss of appetite, with various dyspeptic symptoms; was easily fatigued, and unable to endure toil and labor as he had been accustomed to do. Sometimes he complained of a dizziness of the head, and ringing in the ears; but during this time did not think it necessary to call a physician, merely using an occasional gentle aperient.

His case presented some obscurity; but from the slight pain and uneasiness when the lungs were inflated—the hacking cough—the dullness, &c., I regarded the case as one of masked or latent pneumonia, and prescribed the following:

R—Calomel,
Tart. antimony, *aa*. grs. v
Nit. potassa, grs. xxx.

Divided into ten powders, one to be taken in elm water every four hours. Episp. to side.

No blood was taken, as from the previous history of the case—the time elapsed since the present attack—the condition of the pulse, his general appearance, &c., I believed the attack to be of an asthenic character, and that it arose from a vitiated and impaired condition of the circulation.

March 22. General condition much as when left yesterday morning. More decided pneumonic symptoms, as bloody sputa, pain, &c., had shown themselves, but were again subsiding. Blister had drawn well. Antimony had not caused either nausea or catharsis. Medicine continued at longer intervals, with the following alternate:

R—Quinine grs. x
Carb. ammonia
Camphor *aa* grs. v
Tart. antimony grs. iij.

Divide into ten powders.

The following to be occasionally substituted for the calomel and antimony powders first given:

R—Tinct. hyosciami f3iij

Mel. scill. comp. f3j

Tinct. Sanguinaria f3j

Tart. antimony gr. j. Take one teaspoonful.

Wed. 24. At my request Dr. Boal visited Mr. G—— with me. His views corresponded with my own

Pulse more variable, at times intermittent; a slight incoherency of thought and language beginning to manifest itself. Still some dullness in right side; left lung clear. Blister again applied.

Sab. 28. Saw Mr. G—— every day since last date. Incoherency had increased to delirium, with subsultus tendinum, picking the bed clothes, grasping at imaginary objects overhead, or about the bed, and when slumbering (he had not slept since Wednesday) a continual muttering. There had been no evidence of pneumonia since the 25th, when the antimony and nit. potass. had been suspended, and morphine or opium, camphor, quinine, wine, &c., &c., had been used, singly or in combination as circumstances had seemed to require.

The case had now assumed a most critical aspect; but on a careful review of it since the attack, his previous condition for the last year, &c., I felt confirmed in the opinion that the pneumonia of the first few days of his illness, and the incoherency and delirium now present, were not caused by a true inflammatory action, but were the local consequences of a vitiated or impoverished condition of the blood, and that the true indications were—not to deplete, but to strengthen by stimulants and tonics.

With this view, I now directed nourishing food, taken at regular intervals,—brandy, tinct. cinchon. comp., quinine, camphor, opium; the last three combined and given with the tincture of bark every hour and a half or two hours; the brandy as circumstances required.

Tues. 30. Delirium has nearly or quite subsided; his pulse is more regular. No indication of thoracic disease except the persistence of dullness of the right side and a slight cough. Complaints of soreness of the throat. On examination, the fauces and roof of the mouth were found to be covered with patches of aphthous inflammation, with intervening spaces of healthy looking membrane. After a slight effort at coughing, portions of matter resembling crusts or scabs from ulcerated surfaces, were thrown up. One I observed was half an inch across.

Medicine continued, only directing wine two parts, brandy one part, instead of brandy alone; and an astringent gargle for the mouth.

Under this treatment he seemed to be gradually improving, appetite returning, and hopes of ultimate recovery seeming to brighten.

April 8. Diarrhoea has set in; the discharges soon became bloody, mixed with mucus, resembling those common to dysentery, but without tenesmus, abdominal soreness, or even pain. Astringent tonics, wine, &c., formed basis of treatment.

April 24. Bowel complaint has continued since last date. Aphthous crusts have again shown themselves in the mouth. Ipecac, sulphas zinci, alum, nit. argent., argenti chlorid, kreasote, opium, kino, preparations of iron, &c., had all been unavailingly used. At my request Dr. L. G. Thompson saw him with me to-day, and suggested infus. serpen., a resume of tinct. cinchon. comp., &c., with injections of fresh butter, tinct. opii, etc.

29. Weaker and evidently sinking. Since last date, infus. serpen. had to be abandoned, and pills of quinine, sulph. ferri and opium were used.

Died 30th. Autopsy, Saturday, May 1st, assisted by Dr. Thompson, 26 hours after death.

Body, emaciated. Lungs—left, sound, excepting that in the apex were some portions of condensed structure resembling old cicatrices. Right, adherent throughout superior antero-lateral portions, the apex quite firmly; adhesions appeared to be of old date; posterior and inferior portions free; structure apparently healthy.

Heart, spleen, and kidneys, natural. Liver somewhat enlarged, but no special evidence of disease. Stomach natural.

The principal ravages of disease were found in the colon and rectum, and involving some twelve or fourteen inches of the lower portion of the ileum. Throughout this extensive tract of intestinal tube, the mucous membrane was inflamed and thickened, presenting numerous patches of ulceration; many ulcers having penetrated through the mucous coat, involving the investing tissues in the consecutive inflammation, and giving the whole inner surface a ragged, honeycomb appearance.

ART. III.—*On the Treatment of Dysentery.* By C. W. DAVIS, M.D., of Carlisle, Ill.

IN examining the pages of the *N. W. Med. and Surg. Journal*, I discover several articles on the subject of dysentery, the treatment of which seems to be considerably varied, all marked by success. I observe, however, that in the articles referred to *calomel* seems to stand first as a remedial agent. The dysentery of last summer (in this region) commenced with bilious diarrhœa, attended with considerable tenesmus, followed by discharges most generally of a muco-bloody character, very frequent, foetid and painful, ushered in frequently by nausea and vomiting. The ejections were generally bile combined with matter resembling the white of an egg. The febrile state made its appearance early, sometimes of an inflammatory, but generally of a congestive, type, indicated by the inefficiency of purges, the capillary congestion of the extremities, and quickness and weakness of the pulse.

In the first few cases under my care, I used emetics, calomel, opium, fomentations, blisters, injections, &c. Under the administration of calomel and opium the evacuations were principally bilious; but as soon as the medicine ceased operating, the muco-bloody discharges made their appearance in redoubled violence, hence I concluded that the dejections were consequent upon an acrid and vitiated condition of the bile, flowing in inordinate quantities, and coming in contact with the mucous membrane of the large intestines causing softening of the membrane, and hence the muco-bloody discharges. I then concluded that the administration of calomel was (according to the old adage) adding fuel to fire, and ceased giving it altogether. With the view of keeping up a gentle laxative condition of the intestinal canal, without exciting the liver to an increased action, I selected such articles as I thought best adapted for the purpose, like the following:

R—Sulph. magnesia ʒj

Super-tartrate of potassa ʒss

Sulph. morph. grs. ij.

Mixed in 5 or 6 oz. of gum water. A tea spoonful to be taken every hour.

If I found the patient laboring under the narcotic effects of the

morphine I would add more magnesia and less morphia, and vice versa. I used also stimulating applications to the extremities, fomentations, injections, &c., as the case might require.

This treatment was uniformly successful.

ART. IV.—*Case of Spina Bifida.* By J. P. RUSSELL, M.D., of Waveland Montgomery county, Ill.

MARCH, 16, 1851. I was summoned to visit Mrs. F—; arrived at 1 o'clock, A.M., found her in her first labor. On examination a substance of a fleshy feel, as if of the placenta, presented. I could not for some time think it anything else, yet there was no hæmorrhage. The os uteri having dilated well, I passed my hand behind the tumor until my fingers came in contact with the sacrum and lumbar region of the child. This was done immediately after the membranes had given way so as to facilitate the operation of turning, which I was apprehensive would be necessary. With a slight force the breech was made to assume the direction of the pelvic cavity, and as I could not easily succeed in bringing down the feet, I contented myself with the breach position. The labor was strong and severe, which was, however, mitigated by chloroform. This remedy was suggested by T. W. Florer, M.D., a neighboring physician who was called in by my request.

We were now both in doubt in regard to the presenting substance in advance of the child. It was very tense at every pain, having the spongy, fleshy feel before mentioned, and containing a pint or more of fluid. The pains soon increased in force and the tumor gave way and became flaccid. The delivery of a large male child was effected at 3 o'clock, P. M., (still born). The tumor proved to be a spina bifida, situated near the two lower lumbar vertebræ. The central portion of the integuments of the tumor, where it ruptured and gave escape to its contents, was in a disorganized state. The inner surface was smooth, polished, and of a dark red color. Externally it was much congested and had the appearance of a scrotum. (Some insisted that it was a hog's ear; others of the neighborhood, more profound in tracing cause and effect, attributed it to a sight of the elephant, inasmuch as the mother had visited a menagerie some months previous to her confinement.)

ART. V.—*Singular effects of a Hemorrhagic Diathesis.* By N. S. DAVIS, M.D., Chicago, Ill.

IN looking over the paper of Dr. Palmer on "Spontaneous Hæmorrhage," contained, in part, in the June No. of the *Journal*, I was reminded of a case to which I was called some two weeks since.

The patient was a young man, aged about 18 years, and by trade a stone cutter. I found him in bed; his whole aspect—face, skin, lips and tongue—was pale and almost bloodless, with that peculiar sallow hue so common in extreme anæmia. His pulse was 90 per minute, quick and sharp, but easily compressed; tongue clean and moist; appetite impaired; bowels slightly constipated; restless, with occasional slight febrile paroxysms, preceded by chilliness. I could detect no internal visceral enlargement or special derangement of important organs, although the outward aspect was very much like one who had suffered long from extensive enlargement of the spleen, and ague. On examining the posterior part of the right side, I found a very large swelling, extending from under the scapula above to the inferior margin of the ribs, and from the axilla to the spine; lifting the inferior angle of the scapula from one to two inches from the ribs, and extending under the latissimus dorsi muscle. Along the superior and posterior margin of the swelling there was considerable ecchymosis or extravasation of blood, giving the appearance of having been bruised; but there was little pain and no signs of inflammation in the parts. To the touch, the tumor was elastic, tense, and semi-fluctuating, as though it was filled with a jelly or semi-fluid mass.

On enquiry, I learned that he had been subject to excessive hæmorrhages on the slightest cut or injury, and to frequent and profuse epistaxis from childhood. About one year since, a swelling, similar in appearance to the one on his side, presented itself in the calf of the left leg. The swelling gradually disappeared, but leaving the surface over it still ecchymosed and purple. The present swelling made its appearance rather suddenly, and reached its present size in only three or four days, without being preceded by any strain or other injury. From the absence of inflammation, with the semi-fluctuating feel of the swelling, and the history of the

case as already stated, I have no doubt but the tumor was produced by the effusion of blood beneath the scapula and the muscles connecting it with the spine, the serum of which was rapidly absorbed, leaving a large clot that still remains.

During my practice I have met with several cases presenting a well marked hæmorrhagic diathesis, but in no instance have I previously found the hæmorrhage to take place spontaneously into the tissues so as to produce true bloody swellings, as in the case just described. As our patient is now under treatment, I shall defer any remarks on its pathology until a future time.

CHICAGO, June 28, 1852.

ART. VI.—*Case of Monstrosity.* By M. MILES, M.D., of Mich.

On the 29th of April last I was called to visit Mrs. S——, in labor with her third child. I arrived at about 10 o'clock, A. M., and on making an examination found the left foot of the child presenting and protruding from the external parts. About nine inches of the cord was prolapsed, together with a firm, roundish, flattened body which felt like liver, although I at first mistook it for the placenta, as I could trace the cord to its edge, where it seemed to terminate.

I was informed that the patient had been in this situation about ten hours, although the pains were regular and active. Her pelvis was large and well formed and her previous labors had been natural. On a more minute examination I found the right leg of the child was flexed upon itself and wedged across the brim of the pelvis, thus preventing the hips from entering the superior strait. As pulsation had ceased in the cord, I made no attempt to return it, but introduced my hand and brought down the right leg, when delivery immediately took place.

The head and limbs of the child were well formed, while the body presented many peculiarities. The distance between the seventh cervical vertebra and the sacrum was about one-and-a-half inches, so that the hips appeared to be attached immediately to the neck. The thorax appeared large and well formed when seen in

front, but on a side view it was nearly covered by the hips. The liver and intestines were external to the abdominal cavity; the convex surface of the liver was external, while the upper and a part of the lateral edges were attached to, and continuous with, the integument, thus assisting in forming the abdominal walls. The intestines were suspended from the inferior edge of the liver, and just beneath them was a small opening into the abdomen.

The cause of the deformity was very satisfactorily accounted for by the "old women" who were present, as the patient when in the second month of pregnancy was chased across the fields by a bear.

SELECTIONS.

From the Western Lancet.

Neuralgia treated by Black Snake Root.

I SEND you from my *register*, the history of half a dozen cases of Neuralgia, treated by the tincture of black snake root. I commenced using this article about two years since, in the case of Mrs. Mc—— after the reported articles had failed to relieve her of a periodical attack of facial neuralgia. Cathartics, quinine, arsenic, and iron, had in turn or conjointly all been used without accomplishing any permanent benefit for the patient. The pain would make its appearance in the morning, soon after sunrise, and increase in severity until mid-day, when it became so excruciating as scarce to be endured by the patient. This state of affairs would continue for an hour or two, and the pain would then gradually diminish in intensity until evening, when she became comparatively comfortable.

At this time, December 8th, 1850, the tongue was covered with a thick white coat, bowels open, pulse accelerated, and during the exacerbations, they became full with some force. The parts affected were tumid, above natural temperature, and exceedingly sensitive; intolerance of light and sound, and the eye of the affected side suffused and injected.

I began by directing the patient to take a dram of the tincture of black snake root every six hours, and persisted in its use for twenty-four hours, without much abatement of the painful symptoms. The same amount of medicine was still continued, but at intervals of four hours, with marked improvement in the condition of the patient by the next daily visit. A mercurial cathartic was now administered, to correct the depraved secretions, and unload the bowels. The other medicine was continued *ut supra*.

On the afternoon of the following day, December 11th, I found that the cathartic had acted briskly, and the patient had missed the paroxysm, the first time for thirteen days. But there was a sense of confusion in the head, and a dull, heavy pain in the occipital region, with a dragging sensation in the external ear. The following day, the patient took four drachm doses of the medicine, without any return of the paroxysm. Medication was now suspended, and the cerebral symptoms soon disappeared.

CASE II, was intercostal neuralgia, of three years standing in the person of Mrs. W.; it was periodical in its nature. Almost every article of the *Materia Medica* which promised any prospect of relief, had from time to time been brought to bear upon the case,

with but temporary relief. After correcting the secretions, the tincture of macrotys was administered in drachm doses, every five hours for three days, before the patient was perfectly free from the pain, it having commenced to decrease after the first thirty hours. She took the same amount of medicine three times per day for a week; since when, the patient has not had a return of neuralgia.

CASE III. J. I., aged 24. Nervous temperament, has been laboring under supra-orbital neuralgia thirty-six hours. The left half of the forehead is tumid as high up as the scalp, and extending across the temple. The entire extent pervaded by the disease is of a scarlet hue, exceedingly painful and sensitive. Tongue covered with a white fur, bowels constipated, skin dry and harsh, pulse quick and corded. I directed him to take immediately, half a scruple of calomel and eight grains of Dover's powder, to be followed in three hours with an ounce of sulphate of magnesia. After the bowels moved, he was to commence and take every fourth hour, a teaspoonful of the tincture of black snake root. The next day, March 23, 1851, I learned that my patient's bowels had been freely acted upon, and that he had taken five doses of the tincture. The pain was less acute; light and currents of cold air could be endured without inducing such intense suffering as on the 22d. The same amount of medicine was directed to be continued at intervals of three hours, and ten grains of Dover's powder at bed time.

On the 25th, the patient informed me that he had rested better during the night, than any former period of the same duration, since his seizure. He expressed himself perfectly free from orbital pain; and the tumefaction had almost wholly disappeared, as well as that of the redness. The patient complained of an uneasy sensation in the upper and back part of the head, and humming in the ears; which confused and annoyed him very much. I ordered the medicine to be omitted, and directed a brisk saline cathartic. The next day I found my patient comfortable, and free from all trouble in the head.

CASE IV. Mrs. E., aged 27, sanguine temperament, has had neuralgia for five days, during which time she has been unable to take any regular sleep. Has been under the influence of hydropathic treatment from the beginning of the disease.

December 19th, 1851, I found her laboring under all the symptoms of facial neuralgia, in an aggravated form. The nerves of the right side were affected, her bowels open, skin above natural temperature and dry, pulse quick and corded. There were no diurnal mutations. I put her upon the use of the tincture of macrotys racemosa in drachm doses every three hours.

I saw her the next day, after she had taken an ounce of the medicine, and learned that the pain had gradually diminished after the fourth dose, and now she was perfectly free from all uncom-

fortable sensations about the head. There was no more return of the disease.

CASE V. Mr. M., age 36, scrofulous diathesis. This patient has been laboring under an attack of bilious vomiting and fever for five days; but which has been controlled by the use of alterants, antiphlogistics and quinine. At present, January 15th, 1852, his tongue is clean, bowels open, skin dry and harsh, pulse quick and corded. The right side of the face and temple are of a crimson hue and considerably swollen. There is intolerance of light and sound, and the eye of the affected side is suffused and injected. A sharp, shooting pain emerges from a point just in front of the right ear, and radiates over that half of the face, brow and scalp. It is of the most acute character. Having taken a drachm and a half of quinine in arresting the fever, I deemed it unnecessary to push its use any further in this case. I therefore commenced immediately upon the administration of the tincture of black snake root. He took an ounce in twenty-four hours, in divided doses, without any beneficial results. The skin was unusually dry and harsh, and above natural temperature. I directed to be taken with the medicine, a drachm of wine of antimony every three hours, and a fourth of a grain of morphine at bed time, for the pain was continuous.

On the next afternoon, January 17th, I learned that the patient had rested quite well during the night, and since, had not felt any pain in the face; but was suffering as much as ever from a dull, heavy pain, pervading the head generally, and a sensation of roaring and buzzing in the ears. The medicine was omitted, and the patient took five grains of blue mass, and twelve of extract of colocynth. The cathartic acted three times before bed time, and the next day the patient was free from pain and unpleasant sensations in the head. There was no return of the disease, and the convalescence was rapid.

CASE VI. Mrs. C., age 31. Nervous temperament, has been suffering from orbital neuralgia of the right side for six days, during which time she has taken freely of cathartics and anodynes.

I saw her the first time on the 10th of March, 1852, and found the patient suffering from the most excruciating pain. There was great intolerance of light and sound, twitching of the orbito-ocular groups of muscles; puffiness of the right side of the forehead and scalp. The eye of the affected side was almost closed from oedema. The pain was intense, lacerating and continuous. Bowels constipated. I directed an active purgative to be taken immediately, and after its action, to commence the use of the tincture of black snake root in teaspoonful doses every three hours.

I visited my patient the next day, and she expressed herself much relieved. Her bowels had acted freely, and she had taken half an ounce of the tincture. The medicine was continued; half

an ounce more taken before the pain disappeared entirely; since when she has had no return of the disease. It may be of interest to add here, that Mrs. C. has been accustomed to neuralgic seizures during the cold and damp season of the year, and heretofore they have been exceedingly intractable.

CASE VII. Mrs. M., age 27, *enciente*. Sanguine temperament, has had facial neuralgia of right side, for seven days, during which time she has taken two ounces of the tincture of macrotys, prescribed by a druggist. The case is well marked, skin hot and dry, bowels constipated, pulse full with considerable force. I drew twelve ounces of blood from the arm, gave a saline cathartic, and ordered her to take a drachm of the tincture of macrotys, with as much wine of antimony every three hours.

The next day I learned the cathartic had acted freely, and the patient was free from pain. There was no return.

In presenting this summary, I have endeavored to select those cases which appeared to be purely nervous in their nature. I have also excluded those that were symptomatic of, and dependent upon local lesion going on in other parts; in order to exhibit the uniformity of action of this agent under certain circumstances. To secure the prompt therapeutic action of macrotys racemosa, it would appear important to relieve the alimentary canal of saburral secretions, and as far as possible, remove all irregularities of the circulating fluid. I do not know that its action tends in any manner to increase febrile reaction when present, nor to produce local determination to any particular organ; but on the contrary, I am strongly inclined to the belief, from my observation of the effects of this article, that it acts as a sedative to the heart's action. When excessive repletion or preternatural excitement of the heart and arteries is present, as in cases fourth and sixth, and others I might mention, the constitutional action of the remedy was not manifested until these conditions were removed. Neither did it act in subverting the disease. When I am now called upon to treat an idiopathic nervous affection, I prepare the system for the use of the cohosh, in the same manner as though I were going to administer quinine, to which I am strongly disposed to think it is related in its manner of action upon the nervous system. Where the system is thus prepared, in idiopathic attacks of neuralgia, I place more reliance in the above mentioned article, than any other of the materia medica. My confidence grows out of this fact: in my hands, it has acted more promptly in removing this painful affection, than any other remedy. It will not cure every case of *tic douloureux*, neither will quinine relieve every attack of fever and ague.

There are at least three features connected with the treatment of idiopathic neuralgia by black snake root, which will forcibly impress the mind of every one, who may chance to glance over the

history of the above cases. I allude to the amenability of the disease to its action. The simplicity of the medication, and the speedy manner in which the use of the agent overcomes and subdues the painful affection. The only adjuvants that appear to be necessary to ensure its prompt action, are those calculated to remove general and local excitement of the vascular system, and correct the secretions. If the pain was severe, I might administer an *anodyne* to quiet the patient until the medicine had time to bring the system under its influence. It will be observed, that the time required to develop the constitutional effect of the remedy varies from twenty-four hours to three days, depending upon the state of the secretions, vascular system, and amount of medicine administered.

It is the nervous element of disease upon which the *macrotys racemosa* achieves its most salutary effects; and will be successful in controlling morbid action going on in that system, in proportion as it is uncomplicated. To this fact I am disposed to refer all the discrepancies of opinion which exist in the minds of authors, concerning the action of this remedial agent.

There was present in one half of the cases above mentioned, a certain train of cerebral symptoms, manifested by a feeling of uneasiness at first, speedily followed by a severe, dull, aching pain, pervading every part of the brain; together with a drawing at the external meatus, and a roaring, buzzing sound in the ears. I am unable to foretell what might have followed, had this medicine been pushed further in these cases, but I never have observed any symptoms of *narcotism*, mentioned by authorities as following the free administration of *macrotys*. I view this train of symptoms as so many indications of the constitutional effect or revolutionary action of the remedy. To this state of affairs, we may with propriety apply the term *macrotinism*; beyond which, it is neither necessary nor safe to go.

I am not prepared to say what effect *macrotys* may have upon the *nervous element* of intermittent fever, but reasoning *a priori*, I conclude that to test the *probability* is worthy of a patient and thorough trial.

From the Medical Examiner.

On the Reparative Power of the Spinal Cord after complete Division. By E. BROWN-SEQUARD, M.D., of Paris.

I HAVE performed a large number of experiments, with the view of determining the degree of curability of wounds of the spinal marrow. When I began these researches, I believed, with every physician, that exposure of the spinal cord to the action of the air, was an extremely dangerous operation. I had read and accepted

as true, the following assertion of Dr. Longet: "All the experimenters who have had an opportunity of opening the vertebral canal on adult animals of the higher classes, ought to know that as soon as the medulla spinalis, *even when surrounded by its liquid and by the dura mater*, has been laid bare, in the lumbar region, the nervous action becomes so much enfeebled, that the animals are unable to keep themselves on their legs, which at the same time appear to be quite insensible. Suddenly, after the dura-mater has been cut, and the cerebro-spinal liquid has escaped through the wound, the state of the animal becomes worse; it falls down, struck by paralysis, and the posterior extremities may be cut without exciting the least appearance of pain."*

I have found that this description of phenomena is true only in certain cases, and in certain animals, (as the dog.) When the operation is performed slowly, and so as to give much pain to the animal, and produce a considerable hæmorrhage, then it happens that an appearance of palsy follows the laying bare of the cord; but, even in that case, if the animal is left quiet for a short time, it recovers, and sensibility, together with voluntary motion, return in his hind limbs.

When the operation is performed upon cats, sheep and guinea-pigs, there is usually no appearance of palsy; but when it is greatly prolonged, it happens sometimes that, in consequence of the extreme exhaustion produced by the hæmorrhage, and by excess of pain, the animal becomes apparently paralyzed, even before the spinal canal has been opened, so that it is not the action of air on the spinal marrow which causes the apparent palsy.

My experiments have gone so far as to prove that mammals may not only have no appearance of palsy, after opening their spinal canal, but that they are able to live long and apparently in very good health after their medulla spinalis has been exposed to the action of the air. I have seen guinea-pigs living very well after I had taken out eight or ten posterior arches of the lumbar and sacral vertebræ. There has been only a slight disturbance in the movements of the posterior limbs of these animals, and that disturbance, very probably, was in consequence of the excision of the muscles inserted upon the vertebral column.

After having stated the innocuity of the action of air on the spinal marrow; I have tried experiments on wounds of that organ.

It is known that there are clinical observations proving that the injuries of the spinal cord are not constantly followed by death, and that the paraplegia which is the result of these wounds may disappear more or less completely; but there is no observation proving the possibility of an entire curation i.e., of a full return of sensibility and of voluntary motion after the complete transverse section of the spinal cord. The celebrated experiments of Arne-

* *Traite d'Anat. et de Physiol. du Syst. Nerv.*, 1842. T. 1, p. 276.

mann, Fleurens, Ollivier (d'Angers) and Jobert (de Lamballe) have left the question of the possibility of recovery after complete transverse section of the medulla spinalis heretofore unsettled.

My first experiments, made upon pigeons, had shown me an incipient return of the lost functions some months after the complete section of the spinal cord. I afterwards saw five pigeons, upon which such a section had been made, gaining little by little, and at last entirely, both sensibility and voluntary motion. I have not been able to examine the spinal marrow of all these pigeons; but upon three of them the most careful microscopical examination of the injured cord has been made. One of these three animals had been operated upon eighteen months before the anatomical examination. The history of this pigeon is very interesting. Its spinal cord was *entirely divided* transversely between the fifth and sixth costal vertebræ. The operation was followed by complete paralysis of the posterior part of the body, both as regarded sensibility and voluntary motion. At the end of three months, voluntary movements began to show themselves, in connection with reflex actions; and sensibility appeared to exist anew. These powers gradually augmented; and six months after the operation, the bird could stand for some minutes, but fell as soon as it attempted to walk. In the course of the seventh month it began to walk, but unsteadily, helping itself constantly with its wings. By the end of the eighth month, it could walk slowly without support; but if it attempted to walk fast, it fell over, unless it supported itself with its wings. When it was walking a little faster than usual, it loosened its wings a little, so as to be ready to prevent itself from falling. The beginning of the thirteenth month, it could run. Fifteen months after the operation, its progression seemed in all respects normal, save that a certain degree of stiffness remained in its gait. The generative function also, which had been entirely destroyed by the operation, was completely restored. It was a male.

My friend, Dr. Ch. Robin, assisted me in the autopsy of that pigeon. We found a bundle of cellular fibres uniting the dura mater to a part of the spinal cord where a whitish, opaque circular line existed. At that place the cord was somewhat contracted, its transverse diameter being smaller than elsewhere. A very fine longitudinal slice of the cord taken from the place of contraction, and examined with the microscope, showed us a great number of normal double and single-edged nervous tubes. There was nothing peculiar in that cicatrix, except; 1st, that the nerve-fibres exhibited to a greater degree than usual, those varicosities which are found in nerve-fibres of the soft parts of the brain and of the cerebral nerves; 2d, that the nervous corpuscles, instead of being only in the central part of the cord, were scattered every where amidst the nerve-tubes.

In two other cases, the microscopical examination having been made by my friends Dr. Lebert and Dr. Folling, we found a like reunion of the nervous fibres of the cord.

In several guinea-pigs, in which I had made the section through only one-half of the spinal cord, an incomplete return of voluntary power was observed within seven or eight months after the operation. In the case of one of these, a guinea-pig which had been subjected to this operation the year before, and in which sensibility appeared to have been completely restored, and voluntary movement less completely, I made, with my friend M. Laboulbère, a careful examination of the injured part. We found that the section had traversed both the posterior columns, as well as the anterior and lateral columns, and a portion of the gray substance on the right side, all of which parts exhibited a sort of contraction, the continuity of the divided parts being re-established by a whitish opaque cicatrix. On examining the substance of this cicatrix we found it in part made up of fibres of areolar tissue, the direction of which was transverse or very slightly oblique. These cellular fibres were crossed by great numbers of normal double-edged nerve-fibres running in a longitudinal direction. The nerve-fibres were found uninterruptedly continuous not only through the whole extent of the cicatrix, but also before and behind. There were a small number of nerve-corpuscles scattered between the nerve and areolar fibres.

From these researches I draw the following conclusions:

1st, That the spinal marrow, even in adult mammalia, may be exposed to the action of the air without danger to the life of the animal.

2d, That wounds of the spinal marrow may be repaired.

3d, That after a complete transverse section of the spinal cord, the functions of that organ may be entirely restored.

From the N. Y. Journal of Medicine.

Microscopic Observations respecting Arterial and Capillary Circulation. By J. H. WYTHES, M.D., of Paoli, Penn.

It will be readily acknowledged by most physiologists, that the movement of the blood in the capillaries, is, to a great extent, independent of the action of the heart, since it may continue after the cessation of the heart's action is affected by causes originating in the capillaries themselves, and is present in the vascular area before the development of the heart. The capillary vessels, however, exhibit no obvious movement when examined by the microscope; the blood passing through them in a continuous stream. Now, as the only method in which the capillaries could influence the current of blood is by a peristaltic or pulsatory motion, and as

such motion is not observable in them, it seems probable either that their influence has been overrated, or that the cause and manner of their operation is yet undiscovered.

The arteries, on the contrary, are known to possess both elasticity and contractility. The former of these properties is generally considered to be of a purely physical character, serving to convert the intermittent impulses the blood receives from the heart into a continuous current. The contractility of the middle arterial coat is thought to be a vital property, similar to muscular contractility. A modification of this force is termed tonicity, an example of which is seen in the arrest of hæmorrhage by the contraction ensuing on the division of an artery.

The pulsations of the arteries, however, have been regarded as caused by the alternate contraction and dilatation of the heart, and to be equalizing and retarding, rather than propulsive in their influence on the vital current. Yet physiologists have been inclined to attribute some propulsive influence, supplementary to the heart's action, to the arterial coats. Dr. Carpenter remarks, "If the fibrous coat of the arteries is in some degree disposed to the alternate contraction and relaxation which are so remarkable in the heart, they *may* exert a force which shall be supplementary to that of the heart's impulse, relaxing to receive the blood from it, and contracting upon their contents, with a power superior to that by which they were distended. It is difficult to say whether or not this be the case, though there would certainly appear some evidence in favor of the supposition. The loss of the heart's power over the currents of blood, in proportion to their degree of subdivision, occasioned by the increased friction to which they will be subjected, would seem to require some compensating power, in order that the perfect equality of pressure may be obtained which has been spoken of as existing in all parts of the arterial system. In no other way than this can the fibrous coat of the arteries be regarded as having any propulsive power over their contents, except by a peristaltic or vermicular movement, resembling that which takes place in the alimentary canal; and of such there is no evidence whatever."

It is evident that Dr. Carpenter regards the contraction of an artery upon its contents, to be owing to the stimulus afforded by its distention with blood, which being expended, the vessel is ready to dilate to receive a new supply. The microscopic observation to which we are about to refer, leads the writer of this article to entertain a different view. It seems to be demonstrated by this that the pulsatory movement is a property residing in the arterial coats themselves, independent alike of the heart's action and the stimulus of the blood.

Having caught a mouse in a trap (it was quite cold and stiff when taken out), I was desirous of making some preparations of epithe-

lium, &c. On taking out the kidneys it occurred to me to place a thin slice upon a slide for microscopic examination. The slice was made quite through the middle of the kidney, and was about one-thirtieth of an inch in thickness, just thick enough to be translucent. On placing it under the microscope, one of the largest vessels was observed in active motion, alternately contracting and dilating with evident vermicular contortions, communicating motion to the blood corpuscles in the capillaries for a considerable distance. The movement seemed limited to the artery, and was not communicated to the coats of the capillaries, although their contents had an oscillatory motion corresponding to the contents of the artery. The phenomenon was seen for about three hours, when the observation was suspended. The motion had then considerably diminished both in extent and energy.

I was at first inclined to attribute this activity to evaporation of the watery particles from the slide, but this is insufficient to account for the regular pulsatory character of the movement.* It is therefore due, in all probability, to the vital pulsations of the coats of the artery. I have not had an opportunity since that time to repeat the experiment.

The only parallel case with which I am acquainted, is recorded in Hassall's *Microscopic Anatomy*, as follows:—"On one occasion, in examining the tongue of a frog, a portion of it broke away from the remainder; this I placed between two plates of glass, and submitted to examination, when, extraordinary to say, it was perceived that the circulation was still vigorously maintained in the majority of the vessels. Anxious to know how long this circulation would be continued, but fully expecting to see it cease every moment, myself and a friend, John Coppin, Esq., of Lincoln's Inn, watched it for upwards of an hour, at the end of which time the blood still flowed onwards in many of the vessels, with scarcely abated vigor, though in others, often the larger ones, the motion had altogether ceased. The mutilated portion of the tongue was then placed in water, in which it remained during the whole of the night; the next morning it was again examined, when it was found that a tolerably active circulation still existed in several of the smaller vessels. After this observation, the further examination of the fragment was abandoned."

These observations show:—1. That the pulsation of the arteries is a property residing in the coats of those vessels, which is independent of the heart's action, though supplementary to it; and

[* We have observed in the lung and liver of a mouse a very regular and continued action of the arterial trunks for some time after death, although we are not sure that it is independent of evaporation from the slide. May not the bubbles of vapor in forming and escaping, give to the elastic tissues of the arteries the appearance of pulsation?—J.]

also independent of the stimulus arising from distention with blood.

2. That a peculiar propulsive force, in all probability, resides in the capillary vessels, of whose nature we are at present uninformed.

3. That one of the chief causes of the capillary circulation, is probably the pulsation of the arterial branches from which they spring.

Communicated for the Boston Med. and Surg. Journal.

Influence of the Imagination or Will upon the Pregnant Woman. By I. G. BRAMAN, M.D., Brighton, Mass.

THE following somewhat unique case occurred in my practice, and is submitted for the pages of the Journal without note or comment.

In the month of May, 18—, I was summoned to attend Mrs. ———, who was at the close of the ninth month of pregnancy. As I entered the room, I found everything arranged for her accouchement, which was momentarily expected to occur. The pains were frequent and vigorous, and an examination par vaginam revealed the os uteri fully dilated, the head advancing, and all things as favorable for a speedy termination as could be desired. I consoled myself with the idea that I should soon be released and on my way home. The female assistants, those kind and *sometimes* convenient appendages to the lying-in room, concurred most fully in this opinion, and were profuse in their encouragement and congratulations to my patient. But alas for the vanity of all earthly expectations. She did not respond either in faith or by practice. On the contrary, she obstinately turned a deaf ear to all consolation, declaring in emphatic terms that "she should not be confined until aunt Nancy came back." By the way, this same aunt Nancy was a woman of considerable note in that portion of the obstetric world, and Mrs. ——— had a special arrangement with her in reference to this occasion, but the *miserable sinner*, regardless of her solemn promise, had left town on a visit. Her presence and sympathy it seemed was a *sine qua non*; and consequently I must relinquish every hope of accomplishing anything, while such an unfortunate conjunction of circumstances obtained. In vain I laughed, expostulated, and even scolded. Mrs. ——— made but one reply to all! "You may say and do what you please, but I tell you I shall not be sick before aunt Nancy comes back, if she never comes." The pains were still urgent, and a few expulsive efforts were all that appeared necessary to complete the labor.

In this state of doubt and uncertainty we spent the night.

Morning came, but with it no relief. The major part of the day was passed in the same manner—matters remained *in statu quo*. About 4, P.M., my assistants (who had received some accession to their number from a neighboring domicile) began to look grave, and exchanged significant glances. Suddenly they vanished, leaving me *solus* with Mrs. ———. By certain stifled whisperings, I inferred they were holding a conference in an adjoining room. This, I knew, portended some important communication to myself, and I waited with fortitude to hear what it might be. I was not kept long in suspense. The door opened, and marshalled in single file, they advanced, when the oldest, who had evidently been chosen chief speaker, thus addressed me :

“Doctor, do you not think Mrs. ——— has been sick sometime?”

“I do.”

“Why is she not confined?”

“You have heard what she says, and can judge as well as I.”

“Is anything out of the way?”

“No.”

“Can’t something be done to help her along?”

“I know of nothing. We must wait patiently.”

“Are you willing we should try an experiment on her?”

“It depends on what it is.”

“We won’t do anything to hurt her.”

“Well, on such a condition you may try your experiment, but I shall interfere if I see anything in it calculated to do harm.”

With this consent they speedily commenced operations. A common wash tub was placed under a chair which had lost the whole or the greater part of its bottom. In this tub some worm-wood, hops, and I think tansy, were put, and boiling water poured over them. After waiting a few minutes, for the water to cool a little, Mrs. ——— was taken from her bed, seated in the chair, duly propped up by pillows, and supported by the arms of all the feminine gender present. This process was accompanied with various appropriate remarks, such as—“There, now we have fixed you nicely.” “You will be sick right off.” “We aint a going to stay here again all night,” &c., &c. Contrary, however to their expectations, her pains immediately ceased. She was perfectly comfortable, and evidently enjoyed the change. The conclave stood aghast, and after waiting over an hour, gave up their experiment, and with much chagrin replaced the good woman upon her bed. There she remained one fortnight, happy and contented, suffering no annoyance, except some slight derangement of the stomach, which was easily relieved by appropriate remedies. At the expiration of this period, aunt Nancy fortunately came back. No sooner did Mrs. ——— hear of this than her pains returned. Aunt Nancy was sent for, I was again summoned, and, in a very short space of time, a fine girl made its debut into the world.

From the Canada Medical Journal.

On Nitric Acid in Hooping Cough and Asthma. By F. C. T. ARNOLDI, M. D.
Lecturer on Midwifery and Diseases of Women and Children, St. Lawrence
School of Medicine, Montreal, &c., &c.

THE few following remarks I take the liberty of communicating to the profession, through the pages of this excellent Journal, feeling perfectly confident they will be read with pleasure, inasmuch as they are somewhat novel as regards the alleviation of hitherto supposed intractable diseases, viz.: hooping cough and asthma. The *modus operandi* of the remedy, I will not at present attempt to explain, but from the results of my own practice and that of my medical confreres who have watched it and adopted it, I confidently recommend its application to all such as meet with similar cases. In hooping cough, at whatever age, whether it be a child at the breast, or a full grown adult, I administer nitric acid in solution, as strong as lemon juice, sweetened *ad libitum*. I have given to a child of two years of age, as much as one drachm and a half of concentrated nitric acid, in the above manner *per diem*, and I have never known the disease to resist its use beyond three weeks. In one instance, that of a child at the breast, only seven months old, the disease disappeared within eight days. In another instance of a young lady fifteen years of age the paroxysms were subdued within the first twenty-four hours, and the disease disappeared within ten days. Again, in the cases of two boys about ten years of age living at a great distance from one another, who had had the cough for several weeks, and to such a violent degree, that both of them had the circumference of their eyes ecchymosed as though they had been pummeled in pugilistic combats, the acid acted positively like a miracle. A medical confrere of mine had four of his children severely affected with the same disease in the middle of winter, and although they had to be kept in-doors owing to the inclemency of the weather, they were nevertheless all perfectly cured within three weeks. I might go on to cite a hundred similar instances, but these, I am satisfied, will prove sufficient to induce the profession to adopt this treatment. As regards asthma, the use of nitric acid has proved not only in my own practice, but in that of others who have adopted it, truly marvellous, and I trust that the profession will remain satisfied by my quoting two special cases. One is that of an elderly person, who had been for five years a frequent inmate of the Montreal General Hospital, a thorough victim to this disease. He generally remained under treatment the winter, and used to be discharged when the disease seemed to have exhausted itself. This patient, about eighteen months ago, was again admitted into the Hospital, under the care of my friend Dr. David, who, observing the obsti-

nacy of the paroxysms, resolved on trying the use of nitric acid; the result was that the first night was passed tolerably; the second night he slept well; the day after the third night he reported himself perfectly convalescent; and on the fifth day he was discharged at his own request, since which he has never been heard of. The other case is that of a stout plethoric servant girl, about thirty-five years of age, who applied to me in the early part of December last. She was then laboring under very severe asthmatic distress, and told me that she had been a martyr to repeated attacks, equally severe for four or five years past; that she had consulted many medical men, but could never obtain any relief, until, as she said, the disease had spent itself. I gave her a prescription containing half an ounce of concentrated nitric acid, and I have never seen her since; but during the New Year holidays, happening to call at the house where she served, I made inquiry about her, when I was told, much to my merriment, that the reason why she never came back to see me was that she thought I had bewitched her. She had often taken medicines which gave her no relief, but that the first night after taking the acid, she slept perfectly sound, and had not, up to that time, had any return of the symptoms. Now, these are obstinate facts, and I trust that this familiar method of communicating them will not diminish their value, nor need any of the profession to be too skeptical to follow the treatment.

From Henle & Pfeufer's Zeitschrift, N. S. band i. p. 76.

On the Treatment of Pneumonia by the inhalation of Chloroform. By DR. VARRENTRAPP.

ALTHOUGH Dr. Varrentrapp is well aware that the 23 cases of which he furnishes the history in his paper, are too few in number to justify him in drawing any positive conclusions from them, he thinks that the results are sufficiently striking to justify his adding them to those already published by Wucherer and Baumgertner, which indeed he considers have not excited attention in proportion to their importance. His own cases differed from theirs, in his employing larger and more frequent doses of, and trusting exclusively to, the chloroform. The cases were composed of the working classes who frequent the Frankfort hospital, the average age of the 23 persons (21 men and 2 women) being 31, the eldest 62, and the youngest 19. Upon the average, the treatment was commenced on the morning of the fifth day of the disease. In 10 the right, in 8 the left, and in 5 both lungs were affected. The inhalations of the whole number averaged 74 for 10½ days; the smallest number being 27 in 5 days; the largest 162 in 15 days. Sixty drops of the chloroform were poured on tightly-compressed

cotton, and inhaled for 10 or 15 minutes, from 8 to 12 times during the 24 hours. It seldom happened that the chloroform could not be borne on account of immediate narcotic or unpleasant symptoms; and any affections of the sensorium, vomiting, &c., that appeared at first were soon relieved by temporary suspension. Of the 23 cases, 1 was bled, and another cupped in mistake. An emetic was given in 1 case, and a purgative in 9. In 5 cases of pleuritic complication, blisters were applied, and in 2 calomel and digitalis were administered. Among the 23, 1 case was fatal, and 22 completely recovered.

From Henle's Zeitschrift, band. x. p. 338.

On Iodine Clysters in the treatment of Dysentery. By Dr. EIMER.

DR. EIMER believes that the great point to which practitioners have to direct their attention, is the enormous amount of organic losses consequent on the continuance of this affection—so that, according to *Æsterlen*,* within three weeks, more than the entire blood-mass may pass away as albumen in the stools. As a means of cutting these discharges short, he strongly recommends iodine clysters; which, in recent cases, may at once arrest the progress of the disease, and in all diminish the number of stools, and normalize their condition, whatever the individual peculiarities of the case may be. From five to ten grains of iodine, and as much iod. pot., are administered in two or three ounces of water, from two to four times a day—twice daily usually sufficing. If the rectum is too irritable to retain it, ten or fifteen drops of tr. opii are to be added, and a mucilaginous vehicle substituted for water. In spite of unfavorable conditions, so constantly successful did Dr. Eimer find this remedy during an epidemic, that he believes the disease will, as a general rule, be found curable by it, if it be resorted to before the organic changes in the intestine have advanced too far, exhaustion becomes too considerable, or more important complications set up. In some slight cases it was employed alone. Generally, a simple oily emulsion was also administered, and sometimes acetate of lead and opium.

From the London Lancet.

Sesquicarbonate of Ammonia in Lepra and Psoriasis.

M. CAZENAVE, so well known as a very successful dermatologist, has just published experiments tending to show that sesquicarbonate of ammonia may advantageously be used as a succedaneum of arsenical preparations, in lepra and psoriasis. The salt is mixed

* See British and Foreign Medico-Chirurgical Review, vol. v. p. 246.

in the following proportions: Half a drachm of sesquicarbonate of ammonia; diaphoretic syrup, seven ounces; take from one to three tablespoonfuls per diem. The physiological effects are very slight, but in the space of about a week the scales begin to fall off; those that succeed are thinner, the patches which give them support gradually fall in, the redness fades after a longer or shorter time, and a lasting cure generally ensued. If diarrhœa, lassitude, cephalalgia, quick pulse, and rapid alternations of heat or cold, were to occur, as was the case with two or three patients, the remedy should be suspended.

From Revue Medicale, 1851, p. 462.

On the Application of Collodion in Erysipelas. By M. LATOUR.

M. LATOUR, believing that erysipelas is best treated by the application of an impermeable covering to the skin, has experimented with a very great variety of substances, and pronounces collodion to be the best. Spread out on the surface, however, it sometimes so compresses the skin as to cause pain and irritation—phlyctenæ also forming when it cracks. The following combination, however, remedies these inconveniences completely:—*Collodion*, 30 *grammes*; *Venice turpentine*, 15 *decigrammes*; *castor oil*, 5 *decigrammes*; to be mixed by shaking. It is easily detached by a linseed poultice. The following is also used with great success, rarely irritating the skin:—*Collodion*, 30 *parts*; *old castor oil*, 2 *parts*.

From *Bullet de Therap.* tom. 41, p. 373.

Belladonna as a Palliative in Epilepsy. By M. FREDERICQ.

EVEN when this malady is not curable, it is of great importance to diminish the number of fits, which become multiplied by habit, and render the disease less and less amenable to treatment. For this purpose, M. Fredericq has advantageously used belladonna; and he gives it in the following doses to several young epileptics at the Hospital of Courtroy, reputed incurable:—*Ex. Bellad.*, gr. iii; *aquæ* ʒ vi. A table-spoonful three times a day, and when remonitory symptoms are perceived.

EDITORIAL.

A Treatise on the Practice of Medicine. By GEO. B. WOOD, M.D., Prof. of the Theory and Practice of Medicine in the University of Penn.; President of the College of Physicians of Phila.; one of the Physicians of the Penn. Hospital; one of the Authors of the U. S. Dispensatory, etc., etc. Third edition. In two vol., octavo. Phil.: Lippincot, Grambo & Co.; 1852. From the publishers.

THE fact that another edition of this work has been so soon demanded, is evidence that it is appreciated by the profession.

The following extract from the preface to the third edition will show the improvements that have been made in the matter of the work:

"In all its essential features, the treatise remains unchanged; but the multiplicity of observation, and the progress of discovery, within the last few years, have been such as to render many alterations and additions and some elisions necessary, in order to adapt it to the present state of medical knowledge. The reader will find evidences of such modifications scattered here and there throughout the work. Among the additions may be mentioned brief notices of several diseases, which from their rarity, or total absence in this country, or from being yet unknown as distinct affections, were not described in the former editions. Such are the relapsing fever of Dr. Jenner, the leucocythemia of Professor Bennet, the dengue, and certain cutaneous affections, as trichosis, lupus, and pellagra. The chief modifications, however, have reference to subjects previously more or less fully discussed, as, for example, to inflammation, fatty degeneration, carcinoma, epidemic cholera, the treatment of phthisis, the nature of hemorrhage, Bright's disease, &c. The reader who may deem it worth while to compare the present with former editions, will probably also notice, among the most prominent changes, a more extended reference to the important microscopic discoveries of recent times, and their bearing upon pathology."

In our opinion, Dr. Wood as a medical writer has few equals either in clearness and beauty of style, or in the happy manner in which he applies science and philosophy to the art of curing. His book is an honor to American physicians, and we recommend it to our readers, assuring them that if they experience as much pleasure as we have ourselves in its perusal, they will be amply repaid.

J.

A complete Treatise on Midwifery, or the Theory and Practice of Tokology, including the diseases of pregnancy, labor, and the puerperal state. By ALF. A. L. M. VELPEAU, M. D.; translated from the French, by CHAS. D. MEIGS, M. D., Member of the American Philosophical Society, Professor of Midwifery in the Jefferson Medical College, etc.; fourth American, with the Additions from the last French edition, by WM. BYRD PAGE, Lecturer on Obstetrics in the Philadelphia Medical Institute, Consulting Surgeon to the Philadelphia Hospital, Blockley, Member of the College of Physicians, etc. With numerous illustrations. P. 652. Philadelphia; Lindsay and Blakiston; 1852. From the publishers, through S. C. Griggs & Co.

THIS is a new edition of the clearest and most systematic treatise on the subject that has fallen under our notice. The former translation of the work, was, like every thing that comes from the pen of its great author, a masterpiece of workmanship; but owing to the rapid advancement that has been made in this department of the profession, it had fallen behind the times. We are now glad to welcome a new edition of it, revised and extended by the author, with notes by the translator.

We confess we do not exactly understand the part Dr. Page has been playing in the production of this edition of the work. If all that he has done was to compare the new with other editions of the work, we see but little more propriety in the insertion of his name on the title page, with the significant *by* prefixed, than to have put first the author's, then the translator's, then the proof reader's, then the compositor's, then the pressman's, and last the binder's names; so that all should have their share of the credit of its production, be it never so small, and also enjoy the blessed privilege of displaying their respective titles and of seeing their names in print.

The mechanical execution of the work is in the publisher's best style, and would do credit to any establishment in the country. We fear, however, that small type are becoming too fashionable, for the good of the eyes of the studious. E.

Report of the Eastern Lunatic Asylum in the City of Williamsburg, Va., 1851.
From Dr. JNO. M. GALT, Superintendent and Physician.

Proceedings of the Seventh Annual Meeting of Medical Superintendents of American Institutions for the Insane, N. Y., May 18, 1852.

THE report of Dr. Galt is full of interest to the medical man. From the tables it appears that out of 384 patients 187 became insane between the ages of 20 and 30 years, and 102 between 30

and 46,—that the admissions during the winter months were 249, during the summer months 355. Discharges during winter months 57, during summer months 83. Of 359 patients 193 had never been married. Of 361 patients, 216 of whom were males, 145 females, the number of cases of moral insanity were 30 among the males, and 33 among the females.

The Physiological Register forms an interesting feature of the report.

The next meeting of medical Superintendents is to be held in Baltimore on the second Tuesday of May, 1853. J.

What Foreigners think of us.

AMONG the various reasons urged in favor of changing the constitution of the American Medical Association, that most weighty with many was the fact that its "Transactions" had been condemned by certain foreign reviewers. Without enquiring whether any change would be likely to render the "Transactions" more acceptable to those transatlantic critics, we beg simply to state our reasons for believing that such opinions should have no weight whatever, nor influence in the slightest degree the action of the American Medical Profession.

The first of these reasons is, that European doctrines received and adopted too exclusively, have hitherto been the bane of the profession in this country. Without embracing under this head homœopathy, hydropathy, and other doctrines which the profession is unanimous in stigmatizing as quackery, and which have been imported and supported by foreign influence, it is obvious that the practice of excessive medication, more destructive by far to our true interests than both the former, has sprung from the same source. The doctrine of universal purgation promulgated by Hamilton, practiced by Abernethy with his blue pill and black draught, (infusion of senna,) carried out as it has been in this country in the indiscriminate use of calomel, jalap, colocynth, rhubarb, salts, etc., etc., etc., simple, combined, or in tinctures, elixirs, Gregory's and other pills, either manufactured by horse or steam power or by hand, as the "thunder and lightning pills" of "heroic" practitioners, and applied to the diseases of

men and women, children and the aged, fevers, inflammations, dropsies and consumptions, diarrhœas and constipation, malarious and nervous and all other diseases, is but one sample of the effects of foreign influence.

Lrousaisism, a pathology retrograde beyond that of Hippocrates, and resulting in a practice totally inert, was of the same source.

The numerous hobby horses ridden with more or less eclat by physicians in various parts of the land, such as spinal irritation, irritation of the os uteri, pessaries, &c., are minor specimens from the same source.

Let it not be said that these have passed away and a truer philosophy of medicine taken their place.

The anatomical school, which is essentially that reigning at the present time, rich as it is in the details of morbid structure, and essential as its facts are to science, is yet essentially wanting in truth and comprehensiveness as a system. Its deductions, in a practical sense, are erroneous; it is impossible it should be otherwise. It has been correctly characterized as a "meditation upon death."

All Louis' boasted researches on phthisis did not enable him to do more than pronounce the disease incurable, and are even less serviceable than the discovery of the use of cod liver oil. The same might be said of his work on Typhus.

One branch of the anatomical school is that devoted more especially to microscopic investigations, and while we hail with a just pleasure the facts thus recorded, we should be cautious not to regard it as more than a subordinate means of advancing medical science. What single practical deduction has it yet afforded?

Animal chemistry is the most recent development of this school. Its practical results have been nothing better than those of the strictly anatomical studies. Like them it has corrected errors, revealed some facts, but is essentially impotent to form a basis of medical practice.

These form, in their various details and ramifications, the science and the literature of modern medicine. Whatever conforms to it will be praised by foreign reviewers, whatever dissents from it will be condemned. They cannot conceive of a medical doctrine and

philosophy different from their own—higher and truer. Such there must be—such, indeed, there is to some extent at present.

When the morbid anatomy of the present day, the chemistry of the solids and fluids, the cells and nuclei, shall have assumed, as they must, the position of subordinate parts in medical science, the use of ergot in obstetrics, of anæsthetics in pain and spasm, both American discoveries, will remain as final results—triumphs of the science. They were attained by the only true system—experiment on the living *human* body.

There is a practice already gaining ground, established, indeed, to a great extent, particularly in the Western States, taking the place of the purgative, bleeding, starving system,—which, as a system, is American and, unprotected by any great name, is due to the general sense and observation of the profession. It consists in the administration of full doses of opium with quinine and diaphoretics in the first stage of most acute inflammations, fevers and injuries likely to be followed by inflammation.

Those who were so much surprised at the results of the late U. S. census in regard to the ratio of mortality in different States, should not neglect this point. It is the influence of medical practice which makes the difference.

We are to seek then a higher and truer philosophy of medicine than the present. Distrusting the daily discoveries of the microscope and morbid anatomy as bases of practice, we are to extend our views over a wider space of time and regard man from a higher and more universal point of view.

This system of true medical philosophy, where is it more likely to find development than in America? Why not look to nature and the unbiassed observation of American physicians rather than to the past, and a few foreign professors and editors for advancement?

Have not the proceedings of Congress, our social and political systems, been condemned by "European reviewers" because they differed from their own, but were more true. They have developed themselves rapidly and surely, notwithstanding all the sneers cast upon them. So will it be with medical science when physicians come together to exchange views on questions of science and practice, instead of discussing personal interests, the interests

of sects and of schools,—when they no longer look to what “they say of us” in Europe.

To the West more especially do we look for that movement which shall tend to a national medical character. Held subservient, as it has heretofore been, to the East, as the East to Europe, for its books and doctrines, there are recent symptoms that it will soon have opinions of its own. Dr. Dowler has shown what might be done in slaying European monsters by one possessed of the independence to think and the freedom of acting without the fear of foreign or American reviewers before his eyes. Let us hope that his example will not be lost; that individually and collectively the profession will march forward to the discovery of those new parts of the science upon which its future rank essentially depends.

D. B.

Pneumonia.

PNEUMONIA, as described by most authors, is a disease highly inflammatory in its character, requiring for its treatment venesection, purgatives, antimonials, and others of the class of remedies which, according to most writers, act favorably by moderating the so-called excessive vital action characterising this and other similar diseases.

With all due deference to the views and opinions of others upon this subject, we contend that it is unreasonable, to say the least, to regard the symptoms of disease of whatever character as indicative of too much vitality.

That the vital forces sustain life by opposing those which are merely chemical or physical, is admitted by all, hence we should naturally expect that diseased action, under whatever form, would be indicative either of diminished vital power, or of disability on the part of the organism to perform its functions harmoniously, for want of a proper balance between these powers.

Viewing the subject in this aspect, we are naturally led to inquire why depleting measures, or such as tend directly to diminish the vital forces, have been so generally recommended in pneumonia? Has success in practice, or the theoretical views of authors had the most influence in modifying practice in such cases?

That depleting treatment has not stood the test of experience is

made evident by the results of numerous experiments and observations made in European hospitals, for the purpose of testing its comparative value.

Whatever may be the true pathology of pneumonia, the circumstances under which it occurs, and its symptoms, indicates, 1st, a too rapid disintegration of tissues by oxydation, and, 2d, defective action of the excretory organs, and the consequent accumulation of excrementitious matter, resulting from this disintegration, in the blood and tissues.

Such being the case, the indications in its treatment are, evidently, to prevent the too rapid destructive assimilation by diminishing the activity both of the circulation and respiration, and also to favor the elimination of the excess of excrementitious matter already accumulated.

The first of these indications is, in our opinion, best fulfilled by the use of large and repeated doses of opium or morphine; the second, by the administration of quinine, which is known to have, especially when combined with opium, a remarkable influence in exciting to action the skin, liver, kidneys, and in fact all the excreting organs.

The almost uniform success of this treatment in our practice for several years, has been such that we can now recommend it to our readers with confidence.

The following cases recently treated in the U. S. Marine Hospital with full doses of opium and quinine, will illustrate our mode of treatment and serve as examples of results:

CASE I.—Thos. D., æt. 25, was admitted to the U. S. Marine Hospital, April 3d, 1852. Has severe pain in the left side—breathing short and difficult—cough troublesome, with white, glairy expectoration—auscultation reveals a subcrepitant rattle—bowels constipated.

R.—Pulv. rhei, bi-carb. soda, aa grs. x. M. Take immediately. After it operates, give

R.—Quin. sulph. gr. vj., morph. sulph. gr. $\frac{1}{4}$ —3 times daily.

4th. Some improvement in symptoms. Passed the night with less cough and pain in the chest. Continue prescription.

8th. Unpleasant symptoms entirely removed. Discharged.

CASE II.—J. B., æt. 38. Admitted April 6th. Has been sick

five days. Cough severe, breathing difficult, respiratory murmur obscure over both lungs—movements of the chest restricted—coarse mucus roncus and dullness over right side.

R.—Quin. sulph. grs. v., morph. sulph. gr. $\frac{1}{2}$. M. Give every eight hours.

7th. Not much change in physical signs. Slept better last night than had previously.

R.—Sulph. quin. 3 ss., pulv. opii \odot j. M., ft. pulv. no. v., give one 3 times daily.

8th. Difficulty of breathing much relieved—cough much better. The last powder produced vomiting.

R.—Quin. grs. vj., morph. gr. j. M. Give 3 times daily.

4 P. M. Had a severe chill—all the symptoms aggravated. Gave quin. grs. vijii., morph. gr. j.

9th, 8 A. M. Much better; bowels constipated. Give cathartic and follow after it operates, by quin. and morph., as yesterday.

10th. Respiration better; cathartic acted well. Continue quin. grs. vijii., morph. gr. $\frac{1}{2}$, 3 times daily.

12th. R.—Pulv. rhei, bi-carb. soda, aa. grs. x., this morning, followed with quin. and morph.

13th Respiratory murmur free on left side, mucus rattle on the right; appetite poor; tongue furred.

R.—Nitro-mur. acid. dilu. gtt. x., in water, 3 times daily. Continue quin. and morph. at night.

15th. Expectoration free, appetite improving.

17th. Still improving. Ordered common salt sufficient to open the bowels, and to continue acid, and quin. and morph.

20th. Improving in every respect. Still has cough; ordered cod liver oil, 1 table spoonful 3 times daily, with quin. and opii gr. j. at night. Recovery from this time rapid and complete.

CASE III.—H. C., admitted April 10th. Has cough and dull, heavy pain in left side; respiration difficult; a dry, whizzing sound over left lung; tongue furred.

R.—Quin. grs. v., opii grs. ji. M. Take 3 times daily.

11th. All the symptoms relieved. Continue treatment.

13th. Still improving. Continue and add pulv. Dov. grs. v., at bed time.

15th. Very little cough; complains of no pain; bowels constipated.

R.—Rhei pulv., bi-carb. soda, aa. grs. x. M. Take this morning, followed by quin. grs. ji., carb. ferri grs. v., 3 times daily. He rapidly recovered. H.

Cook County Medical Society.

JULY 6th.—Dr. Herrick remarked that there existed among authors a discrepancy in regard to the nature and treatment of Erysipelas—the subject for the evening's discussion,—that in his remarks he should speak from personal observation. Has noticed two forms of the disease, sthenic and asthenic,—has seen the first in New England,—believes that it is not dependent on internal causes, or at least on a specific poison. The disease as it exists in the East is the disease of authors,—has seen much benefit in those cases from external applications, protecting the surface from air,—thinks the cause of this variety doubtful, the *methodus medendi* obscure. In the West has more generally seen the asthenic form,—believes miasmatic influences give character to this affection,—thinks the chill and fever, coated tongue, high colored urine, and deficient action of the skin, indicate a torpidity of the excreting organs. Effete matter accumulates in the system with a tendency to purely chemical instead of chemico-vital changes.

The disease involves tissues possessed of low vitality, in which the life force is weak,—the heat following the chill may be the result of decomposing changes. The good effect of tonics and stimulants, combined with opiates, for the purpose of sustaining vital action and quieting irritability, is interesting in connection with this view of the subject,—thinks quinine, the tonic generally used, may act chemically, or by exciting the excreting organs,—brandy and other stimulants often useful,—thinks opium allays irritability by diminishing the circulation and respiration,—has obtained benefit from the use of the remedy in proportion as these effects were accomplished. Has two cases now in mind showing the value of this course of treatment:

CASE 1.—Mr. P., of Racine, was taken with a chill, followed by fever, with swelling of the parotid glands, which soon spread over the face and head—pulse rapid, skin hot—delirious,—had been treated with alteratives and antiphlogistics, at the time I saw

him the pulse was 140 per minute, the extremities cool, nails blue, stertor and delirium. He was ordered brandy freely, with quinine, grs. v. every three or four hours.—He soon rallied and finally recovered.

CASE 2.—Mr. M. P., admitted to the U. S. M. Hospital for a compound fracture of the lower portions of the fibula and tibia. Soon after he came in swelling extended upwards to the knee, the surface was red and painful,—he was ordered porter, with quinine grs. viij, opii grs. iij, every five hours till he should be completely under the influence of the medicine,—the pain almost immediately subsided, the spread of the inflammation was arrested. In this case the disorganising force was so great that an extensive slough of the cellular tissue formed, leaving a sinus which has not yet filled up. In this instance the disease may have been, and probably was, dependent on a specific poison, nevertheless it yielded promptly to stimulants and tonics.

Dr. Morfit remarked that the views expressed corresponded with the doctrines of Dr. Hamilton Bell, who believes that in this disease the capillaries lose their tonicity and become distended. Dr. Bell gives mur. tinc. iron, for the purpose of restoring tone to the vessels, and thus relieving them of their engorgement. May not stimulants and tonics act in the same way?

Dr. Davis—Has recognized two varieties—thinks they often run into each other,—are dependent on two sets of causes acting separately or conjointly,—one set of causes internal, probably retained excretable matters, another external, and similar to that giving rise to bilious fever,—has seen, in New York, the disease with symptoms very similar to those of fever,—this variety yielded very generally to an alterative and moderately antiphlogistic treatment. In the West has seen the disease in a different form, believes that here both external and internal causes are frequently combined in their action,—thinks that the disease as it appears in hospitals dependent on animal poisons, in such cases the system does not bear depletion,—believes all varieties of the disease may occur at the same time and place, as shown by the following cases:

CASE 1.—A Norwegian of strong constitution and previous good health, had during the last winter an attack of erysipelas, characterized by high arterial excitement, a full strong pulse;

moderately antiphlogistic treatment was used, and the disease soon yielded.

CASE 2.—A. H., a patient in the Illinois Gen. Hospital, had been under treatment for some months for diabetes,—was very much emaciated, and the vital forces feeble. About the same time with the Norwegian she was attacked with an erysipelatous inflammation of one of the inferior extremities, the limb was œdematous to the knee, the surface red, hot and painful to the touch,—the entire surface was covered with collodion, and the patient ordered to take quin. grs. vj, opii grs. iij, every five or six hours, with carb. amm and camphor as stimulants,—the pain and swelling soon subsided, although a slough formed in the cellular tissue above the ankle which healed slowly.

CASE 3.—A strong healthy girl, 10 years old, had previously suffered from inflammation, probably erysipelatous, of the pudendum. Previous to my seeing her she had been complaining of sore throat. I could only discover an unusual redness of the tonsils and fauces, in about two days she had a return of the disease over the pubes decidedly erysipelatous in its character,—while the face was perfectly healthy. Commenced immediately with antiphlogistics and alteratives, she soon recovered. An older sister was afterwards similarly attacked, and subjected to the same course of treatment, with a like termination.

In this disease quinine and opium are valuable remedies,—believes that calomel may generally be combined with them to advantage,—thinks there may be cases in which brandy is necessary, has never found such. Treatment in every instance should be adapted to the condition of the system rather than aimed at a name.

Dr. Mills remarked that in the early part of his professional life he saw only that variety characterized by high arterial excitement, and in which venesection, ant. and mercurials were borne, tonics only resorted to after convalescence was established,—has since used with most success blistering the surfaces and keeping the bowels open with some mild cathartic.

Dr. Palmer has seen much of the disease in an epidemic form, especially in puerperal women,—thinks it contagious and dependent on a specific poison,—has noticed in such cases a great ten-

dency to depression. In the epidemic of 1844-5 the disease usually commenced with redness of the fauces, soreness of the throat, which rapidly spread to the integuments and adjacent mucous membranes. Diaphoretics, such as Dov. powders, and counter irritants, were most effectual in checking the disease—if these failed, vomiting soon commenced, inflammation extended to the bowels, and the patients mostly died,—the disease sometimes attacked the lungs, and in those cases almost always proved fatal. Phlegmonous erysipelas generally yielded to depletion in the first instance, followed by tonics after the inflammation was subdued,—puerperal cases mostly died, large bleedings and full doses of opium at the commencement of the attack were effectual in only a few instances, the bleeding had to be used early or not at all,—membranes of the brain and spinal cord sometimes involved, results fatal,—has generally found sporadic erysipelas amenable to antiphlogistic treatment,—thinks blisters most effectual as external applications, next tinc. iodine,—has used the collodion with success.

Dr. McArthur remarked that in high latitudes not malarious, the idea prevailed that the disease is not contagious, in low malarious districts the contrary opinion is entertained,—has seen both varieties of the disease, the sthenic and asthenic, the former in the state of N. York, and the latter in the west.

On motion, the further discussion of the subject was deferred till the next regular meeting of the society, and Dr. Davis requested to report on the specific nature and communicability of erysipelas, especially as it occurs in puerperal women.

Dr. McArthur reported the following case, which gave rise to an interesting discussion:—

May 4. I was called to see Mrs. J. B. B., of Lasalle Co., of this State, and found her at her sister's residence, Mrs. Perkin's on Madison-street. She informed me that she was taken suddenly ill, in March, 1851, with general symptoms of cold, such as cough, rheumatic pains of the limbs and joints, general prostration, &c., together with inflammation of the eye-lids and the balls of the eyes, or in other words general ophthalmia. She was treated by several practitioners in turn (five or more) from that time until a short time previously to her coming to this city.

She stated that she had been confined to her bed and rocking

chair most of the time since her attack, and had been unable to distinguish (by seeing) one of her family from another since last October.

For several months, for the most or all of the time, she had been unable to walk without assistance, and had not had a good night's rest since last fall. Her appetite was very poor, and her menstrual evacuations excessive and accompanied with leucorrhœa.

She informed me, furthermore, that she had had one seton inserted in the back of the neck, and twenty-eight blister plasters applied in different localities, most of them being quite large, that she had local applications of different kinds for the eyes, and had submitted to general treatment. For some months previous to her coming here, she had almost constantly in the day time (when the eye was bare, and the light impinged upon it) discovered a semblance or appearance of balls of fire constantly passing before the left eye. The same had been discovered with the right eye, only to a less extent.

One of her physicians informed her, a few days before she left home (not knowing of her intention to come to Chicago,) that she would be entirely blind in some four weeks, and would never again see—that her case was hopeless.

In coming here, she was two days in passing from her residence to the canal at Ottawa, a distance not exceeding twelve miles. And finally she was almost in despair, fearing she should never be able to see again.

I found her pulse feeble, her muscular system flabby, tongue covered with light brown fur, the back part of the mouth inflamed, uvula greatly inflamed and elongated, and the patient was quite deaf.

The conjunctivæ were inflamed over the balls of the eye, and over the whole of their attachment to the upper and lower lids, and in their connection to the carunculæ lacrymales. A film extended over the left eye, almost obscuring the cornea. The blood vessels, extending from the inner canthus of each eye, could be distinctly seen passing over the entire cornea.

The muscles of the eyelids seemed to be *almost* paralyzed—there being very *little* power over the movements of the lids; and the muscles of the ball seemed to be *completely* paralyzed—there

being *no* power, by an effort of the will, to move the balls one way or the other.

The eyelids were adhered together, and required force to bring them apart, or even to keep them so after they were parted.

In the progress of my examination of the case, there were indications of rheumatic ophthalmia and iritis, and in the progress of the treatment this became still more apparent than at first.

TREATMENT.—I shall be brief in regard to the treatment of the case, for the most part giving the general outline only.

I first amputated the uvula, and then directed the application of nitrate of silver in solution (of the strength of grs. vj to the ʒj of water,) to the throat, by means of the probang.

Pills of hydrarg. were given a few times, to be followed with castor oil or Turkey rhubarb, sufficient to produce moderate catharsis.

Having become fully satisfied that a rheumatic diathesis prevailed, I endeavored to administer such agents as were calculated to remove or modify this condition of the system.

The local treatment to the eyes has been varied from time to time, as the exigencies of the case seemed to require. The blood vessels passing over the balls were most of them incised. The lids have been scarified with a thumb lance; and nitrate of silver, the sulphates of copper and zinc, have been applied in substance and in solution, of different degrees of strength, to the inflamed conjunctivæ.

The solutions have been applied sometimes with the camel's hair pencil, and at other times dropped into the eyes, the lids being held open.

Mercurial ointment has been applied on the outside of the lids at various times.

The patient was directed to drink ale twice or more times daily, for five weeks continuously, and occasionally a little port wine.

Beef steak and mutton chop were not prohibited even from the first day I prescribed for her. And when her general strength had improved sufficiently, and the weather would permit, she was directed to walk a short time in the open air, morning and evening, about the yard,—some person leading her.

PRESENT CONDITION.—Her health and strength are sufficient

for her to walk from half a mile to a mile, morning and evening, without being weary or suffering inconvenience therefrom. Her appetite is now generally good, and her sleep is quiet and invigorating.

The inflammation of the conjunctivæ in their connection with the balls of the eyes, is entirely removed, and principally so in their connection with the lids, and the carunculæ lachrymales.

The film which was so well developed over the cornea of the left eye, is apparently removed; and the blood vessels which were so extended and enlarged over both eyes, have become reduced almost to their normal condition. The muscles of the balls have resumed their original actions of contractions and relaxations, so that the balls of the eyes move again with facility, and the lids are moved with ease and freedom.

She can now read twenty or thirty minutes continuously without any other inconvenience than perhaps a slight pain of the muscles of the eyes, or, as she expresses it, "the eyes feel tired." She has sewed some at different times lately, for the first since her attack; and for the last two or three weeks has corresponded with her husband.

She has entirely recovered from her deafness.

Hope of life and its enjoyments has returned to a heart almost given over to despair, and the fond expectation is indulged of again seeing her husband and children, and enjoying their society.

Knox County Medical Society.

PURSUANT to previous notice, there was a meeting of the "Knox County Medical Society" at Galesburg, June 26, 1852.

On motion, a committee of three, consisting of Drs. Cooper, Bunce and Spaulding, were appointed to draught a constitution and by-laws for said society.

The aforesaid committee, after deliberation, submitted the following, which the society approved and adopted, viz.:

ART. 1st. The Society shall be known and designated the *Knox County Medical Society*.

ART. 2d. The physicians present at the adoption of this constitution shall be members of the society.

ART. 3d. Any regular graduate of an orthodox school, or any physician passing a satisfactory examination before the board of censors, may become a member by a vote of the society.

ART. 4th. The officers of the society shall consist of a President, Vice President, Secretary, who shall also act as Treasurer, and three Censors,—to be elected annually by a vote of two-thirds of the society.

ART. 5th. The society shall be governed by the code of ethics adopted by the Illinois State Medical Society.

ART. 6th. This constitution may be altered or amended by a vote of two-thirds of the members of the society.

The society as organized under the aforesaid constitution consists of the following physicians, viz.:

E. S. Cooper, from St. Louis University, Mo.,

J. W. Spaulding, from Rush Medical College, Ill.,

J. Duncan, from University of Missouri, Mo.,

J. W. Brewer, from Ohio Medical Institution, O.,

S. C. Patterson, from Pennsylvania University,

R. C. Edgerton, from Rush Medical College, Ill.,

Jas. Bunce, from University of New York,

L. C. Lane, from Jefferson Medical College, Phil.

The society next proceeding to an election of officers, the following were chosen, viz.:

Jas. Bunce, President; J. W. Spaulding, Vice President; L. C. Lane, Secretary, and Drs. Duncan, Lane and Brewer, Censors.

On motion, Drs. Cooper and Spaulding were each appointed to read an original essay at the next regular meeting.

On motion, the secretary was instructed to forward a copy of the proceedings of this society for publication in the *North Western Med. and Surg. Journal*, and in the papers of this county.

On motion, the society adjourned to meet the first Saturday in September next, 10 o'clock A. M., at Knoxville court house.

E. S. COOPER, M.D., President.

L. C. LANE, M.D., Secretary.